

# Workshop

## Last Chance to Meet Implementation Deadline

### FINAL TRAINING EVV- The Basics

July 25, 2019

10:00am - 11:30am

Any agency providing Medicaid Personal Care or Respite Services is **REQUIRED** to have an established Electronic Visit Verification (EVV) system up and functioning properly by October 1, 2019. If not..... for any claim processed on or after October 1 you **WILL NOT** be paid. It is that simple! Virginia has opted for an open platform, meaning you can choose the technology vendor of your choice that meets the 6 Federal Minimum requirements.

- Introduction and background
- The Technology; types, additional optional components
- What EVV includes and how it assists providers
- How EVV actually functions

The clock is ticking. The claims testing phase begins July 2019. Not sure where to begin? This workshop is for you. Join us to receive the details needed to help you select the system that will work best for your agency. Attendees will receive tools and resources, including a list of EVV vendors and recommended questions you should be asking of them.



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## REGISTRATION

Small group setting- limited seating!

## EVV- The Basics

July 25, 2019

The Virginia Association for Home Care and Hospice  
Conference Room

3761 Westerre Pkwy, Suite B, Henrico, VA 23233

**10:00am - 11:30am**

**Cancellation Policy:** There are NO refunds. Your registration indicates your commitment to participate. Substitutions are permitted and encouraged.

	Registration Fee	
<b>EVV- The Basics</b>	<b>\$199</b>	

### REGISTRATION

Attendee Name \_\_\_\_\_ Agency Name \_\_\_\_\_  
 Agency Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Attendee email \_\_\_\_\_  
 Phone \_\_\_\_\_ Alternate email \_\_\_\_\_

### PAYMENT

I owe \$ \_\_\_\_\_  Check payable to is **VAHC** enclosed  Charge my Visa/MC  
 Credit Card Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_  
 Name (as it appears on card) \_\_\_\_\_  
 Address (of cardholder) \_\_\_\_\_  
 Email (for credit card receipt) \_\_\_\_\_  
 Signature (required) \_\_\_\_\_

### SUBMIT FORM

Mail	Fax	Email
Virginia Association for Home Care and Hospice 3761 Westerre Pkwy. Suite B Henrico, VA 23233	804-288-3303	dblom@vahc.org

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